

S. No. 2
-11-10-39
5-17-39
I X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25291

State File No. _____

AUG 16 1940

Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural Davis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 34 years
years, months or days (Specify whether)

8. (a) PRINT FULL NAME JOHN BURT ECKERT

8. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Eckert

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1 1861
(Month) (Day) (Year)

8. AGE: 79 Years 6 Months 19 Days
If less than one day _____ hr. _____ min.

9. Birthplace Northfield Missol.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Mahton Baldwin Eckert

13. Birthplace unknown Sherman
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Tucker

15. Birthplace unknown Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Lidney Eckert

(b) Address Harrisonville Mo.

17. (a) Burial (b) Date thereof 7-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Red Wilkinson

(b) Address Clinton Mo.

19. (a) 7-10-40 (b) W.E. Waggerly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural
(If outside city or town limit, write "RURAL")

(d) Street No. 5 1/2 miles West of Clinton on Highway no. 18
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 8 minute 40 a.m.

21. I hereby certify that I attended the deceased from 4-22 1939, to 7-9 1940
that I last saw him alive on 7-5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Cerebral hemorrhage

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

317 (Specify type of place) _____
While at work? (Specify type of place) _____
(b) Means of injury _____

23. Signature James Smith (M. D. or other) mb
Address Clinton Mo. Date signed 7-10-40

Duration 2 yrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1162
Date Filed 8-10-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.
working under my personal supervision.

Signed Frederick Wilkerson

Licensed Embalmer No. 5478

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.